



# Employees' Retirement System of Alabama

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## Retirement Application Packet

*Non-State Employees*

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### Part I

This packet includes the following documents:

- Form 10, Application for Retirement
- Direct Deposit Authorization Form

***The Application for Retirement must be received at least 30 days and not more than 90 days prior to the effective date of retirement.***

***The effective date of retirement must be the first day of a month.***



P. O. Box 302150  
Montgomery, AL 36130-2150  
334.517.7000 or 877.517.0020  
[www.rsa-al.gov](http://www.rsa-al.gov)

# Checklist for ERS Retirement

Congratulations! You are about to begin what we hope will be a long and happy retirement. PART I of your retirement process contains the information and forms you need to initiate the retirement process. Once we receive your completed PART I forms, the ERS will send PART II: RETIREMENT BENEFIT OPTION SELECTION AND TAX FORM PACKET. **The retirement process is not complete until you have returned the RETIREMENT BENEFIT OPTION SELECTION FORM IN PART II.** It is the responsibility of the member to ensure all forms are mailed to the ERS. Please contact Member Services at 877.517.0020 if you have any questions.

## To Apply for Your ERS Retirement Benefit:

- ☐ Complete Sections A, B, and C of FORM 10, APPLICATION FOR RETIREMENT. Have your employer complete Section D, Employer Certification.
  - ☐ For designation of multiple beneficiaries, you must submit the MULTIPLE BENEFICIARIES ATTACHMENT, FORM 10MB. FORM 10MB is **only** for members who select the **Maximum Benefit or Option 1** on the RETIREMENT BENEFIT OPTION SELECTION form in PART II. You may download the form from the RSA website, [www.rsa-al.gov](http://www.rsa-al.gov), or request it from Member Services.
  - ☐ If you are applying for disability retirement, you and your physician must complete the REPORT OF DISABILITY PACKET. This packet must be included with your FORM 10. You may download the form from the RSA website, [www.rsa-al.gov](http://www.rsa-al.gov) or request it from Member Services.
  - ☐ Complete Sections A, B, and C of the DIRECT DEPOSIT AUTHORIZATION form. Send this form to your financial institution to complete Section D and E. This form will authorize the ERS to remit and credit your benefit directly to your bank account and eliminate the possibility of your check being lost or stolen.
  - ☐ Send the FORM 10, APPLICATION FOR RETIREMENT, and any other completed forms to: ERS, P. O. Box 302150, Montgomery, AL 36130-2150. Your APPLICATION FOR RETIREMENT must be received by the ERS at least 30 days and not more than 90 days prior to the effective date of retirement. The effective date of retirement must be the first day of a month.
  - ☐ **Once we receive your APPLICATION FOR RETIREMENT (PART I), you will be sent PART II: RETIREMENT BENEFIT OPTION SELECTION AND TAX FORM PACKET. This packet will contain your retirement allowance report. Your RETIREMENT BENEFIT OPTION SELECTION form must be received by the ERS prior to the effective date of retirement. Otherwise, by law you will automatically receive the Maximum Benefit, which is irrevocable.**
  - ☐ Make sure that the ERS has your current home mailing address. You can change your mailing address online or by completing the CHANGE OF ADDRESS NOTIFICATION form. Important information regarding your retirement will be mailed from time to time directly to your home mailing address.
- Should you desire to cancel your APPLICATION FOR RETIREMENT, written notice must be given to the ERS prior to your effective date of retirement. Failure to give timely notice will result in an irrevocable application.
  - Your retirement account will be audited both at the time of retirement and after all contributions have been remitted. Discrepancies between the contributions certified on your APPLICATION FOR RETIREMENT and the contributions remitted to the ERS may affect your retirement benefits and/or your eligibility for retirement.
  - For further information about the retirement process, please read your ERS Member Handbook. We also encourage you to visit our website at [www.rsa-al.gov](http://www.rsa-al.gov). If you have questions, feel free to contact one of our retirement counselors. As always, we will do our best to help you and all other ERS retirees enjoy their retirement years.

# Application for Retirement

## Employees' Retirement System of Alabama



P.O. Box 302150  
Montgomery, AL 36130-2150  
334-517-7000 or 877-517-0020  
www.rsa-al.gov

### Section A: Member Information

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Street or P. O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Type of Retirement (**Check One**): ☐ Service ☐ Disability (Report of Disability form must also be submitted.)

Date of Retirement (This date is always the first of a month.) \_\_\_\_\_ 1, 20 \_\_\_\_\_ Email Address \_\_\_\_\_  
Month Year

Name of bank/financial institution to which retirement benefit is to be deposited \_\_\_\_\_  
(The properly completed Direct Deposit Authorization form must be submitted to the ERS to authorize remittance to the bank/financial institution.)

### Section B: Beneficiary Designation

The beneficiary whom I should like to receive any benefit due at my death \_\_\_\_\_

Relationship to me \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

In the event the designated beneficiary listed above is different from that listed on my active account, I desire the change to be effective (**Check One**):

- ☐ Upon the submission of this signed and notarized application to the Employees' Retirement System of Alabama.  
☐ On the date of my retirement.

Complete only if employing agency allows conversion of sick leave days to retirement credit.

- ☐ I wish to have accrued unused sick leave days converted to retirement service credit.  
☐ I wish to receive a lump sum payment for my unused sick leave in lieu of retirement service credit.

### Section C: Member Authorization

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_, personally appeared before me, the above named individual and made oath that the statements made are true.

Notary \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

### Section D: Employer Certification

Last date of compensated employment \_\_\_\_\_  
Month Day Year

Date of termination \_\_\_\_\_  
Month Day Year

**Note: No contributions should be made on lump sum leave pay.**

List additional contributions, if any, with date of deductions (i.e. extra pay period, overtime, etc.) \_\_\_\_\_

Indicate and explain any periods in which deductions were not made (i.e. leave without pay, etc.) \_\_\_\_\_

Total accrued and unused sick leave **days** at date of retirement for which **no lump sum payment will be made** \_\_\_\_\_

Employee Job Classification \_\_\_\_\_ Employer Phone Number \_\_\_\_\_

Signature of Representative of Employing Agency \_\_\_\_\_

Please project and certify amount of deductions for the last 4 months for which contributions will be submitted:

Oct _____	Apr _____
Nov _____	May _____
Dec _____	Jun _____
Jan _____	Jul _____
Feb _____	Aug _____
Mar _____	Sep _____

*Notify ERS of changes to above Employer Certification information (e.g. contributions, sick leave, etc.).*

# Direct Deposit Authorization

## Retirement Systems of Alabama



P.O. Box 302150  
 Montgomery, Alabama 36130-2150  
 334-517-7000 or 877-517-0020  
[www.rsa-al.gov](http://www.rsa-al.gov)

The retiree or beneficiary of a deceased retiree must complete Sections A, B, and C of this form. Then take or mail the form to your financial institution to verify the information in Sections A, B and C, **complete Sections D and E**, and agree to the Master Agreement.

### Section A: Benefit Recipient Information

Social Security Number \_\_\_\_\_

Benefit Recipient (Please check one):

- ☐ Retiree  
☐ Beneficiary of Deceased Retiree/Member

Name \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone No. \_\_\_\_\_

\_\_\_\_\_

Email Address \_\_\_\_\_

\_\_\_\_\_

Indicate the system(s) from which you would like your benefit(s) direct deposited.

- ☐ Teachers' Retirement System    ☐ Employees' Retirement System    ☐ PEIRAF    ☐ Judicial Retirement Fund  
☐ RSA-1 (Annual or Monthly Distribution Only)

### Section B: Joint Financial Institution Account Holder's Certification

I agree to notify the Retirement Systems of Alabama (RSA) immediately of the death of the recipient of the retirement benefits being deposited to this joint financial institution account, and to return all payments to the RSA that are deposited to this account after said death. The RSA will determine and pay any survivor benefits. The RSA is authorized to make necessary debit entries to this joint account for any credits that were made in error.

Name(s) of Joint Financial Institution Account Holder(s)

Signature(s) of Joint Financial Institution Account Holder(s)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

### Section C: Benefit Recipient Certification

Each benefit payment is to be credited to my account at the financial institution specified on the reverse side of this form and such payment will be in full payment, satisfaction, and discharge of the amount then falling due and payable to me on account of such payments.

If my death occurs prior to the due date of any payment made by the RSA in compliance with this request or if adjustments are required for any credit entries to my account, I authorize the RSA to make the necessary debit entries to my account. I hereby reserve the right to revoke or cancel this request, such revocation or cancellation to take effect within 30 days of receipt of written notice by the RSA.

I authorize my payment to be sent to the financial institution named on the reverse side of this form to be deposited to the designated account.

Signature of Benefit Recipient \_\_\_\_\_ Date \_\_\_\_\_

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**Section D: Financial Institution Information (To be completed by a representative of the financial institution)**

Name of Benefit Recipient \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Depositor Account No. \_\_\_\_\_ Bank Routing No. \_\_\_\_\_

Name of Financial Institution \_\_\_\_\_ Type of Account: ☐ Checking  
☐ SavingsMailing Address \_\_\_\_\_  
\_\_\_\_\_Name(s) of Person(s) on this Account: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Section E: Financial Institution Certification and MASTER AGREEMENT**

In accordance with the provisions of Section 3.6.4 of the 2012 National Automated Clearing House Association (NACHA) Operating Rules and Guidelines, both the Retirement Systems of Alabama (RSA), as the Originator, and the above named Financial Institution consider the following to be the Master Agreement, as defined by the NACHA Operating Rules and Guidelines, and agree that it is to be applicable to all payments sent by the RSA to the Financial Institution for the benefit of all benefit recipients having accounts with the Financial Institution.

In consideration of the RSA making benefit payments in accordance with this Direct Deposit Authorization without requiring proof that the retiree/beneficiary identified on this form is alive on the date on which such benefits are paid and are credited to his or her account, the Financial Institution agrees to repay and refund to the RSA, on demand, the full amount of any payments made to and received by the Financial Institution after the date of death of the benefit recipient, regardless of whether the account listed on this Direct Deposit Authorization contains sufficient funds for the refund. The Financial Institution further agrees to accept the certification of the RSA as to the date of death of such payee as sufficient evidence in accordance with Section 2.10 of the 2012 NACHA Operating Rules and Guidelines.

I, the undersigned, confirm that the identity of the above named retiree/beneficiary, account number, and type are true and accurate. As the representative of the above named Financial Institution, I certify that the Financial Institution agrees to receive and deposit the identified payments in accordance with the Master Agreement and pursuant to Section 3.6.4 of the 2012 NACHA Operating Rules and Guidelines, and that the Master Agreement is applicable to all payments sent by the RSA to the Financial Institution for the benefit of the retiree/beneficiary.

Name of Representative \_\_\_\_\_

Signature of Representative \_\_\_\_\_ Date \_\_\_\_\_

Telephone Number \_\_\_\_\_

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<b>Note:</b> Direct Deposit Authorization forms that are processed after the 14th of each month will become effective the following month.
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**Please return completed form to:**The Retirement Systems of Alabama  
P.O. Box 302150  
Montgomery, Alabama 36130-2150